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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  64734(70403)		
Application Number	10/564,273-Conf. #6986	Filed  July 31, 2007		
For TREATMENT OF PREMATURE EJACULATION				
Art Unit  1617	Examiner  T. E. Betton			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee  \$130	Small Entity Fee  \$65	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee  \$490	Small Entity Fee  \$245	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee  \$1110	Small Entity Fee  \$555	\$ 555.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee  \$1730	Small Entity Fee  \$865	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee  \$2350	Small Entity Fee  \$1175	\$ _____
 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .				
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,281</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
<u>/Mark D. Russett/ Signature</u>		<u>October 29, 2008 Date</u>		
<u>Mark D. Russett, Reg. No. 41,281 Typed or printed name</u>		<u>(617) 239-0100 Telephone Number</u>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			